



EAST SHORE DISTRICT HEALTH DEPARTMENT

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www.esdhd.org

**SEPTIC PLAN REVIEW APPLICATION
(FOR NEW SEPTIC SYSTEM)**

FEE: \$150.00

1st Revision No Charge – Additional Revisions \$75.00 each

Date: _____

Owner: _____

Street: _____

City: _____

Lot#: _____

Subdivision: _____

NOTES: